

Evaluating High Throughput Toxicokinetics and Toxicodynamics for IVIVE

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IVIVE Approaches

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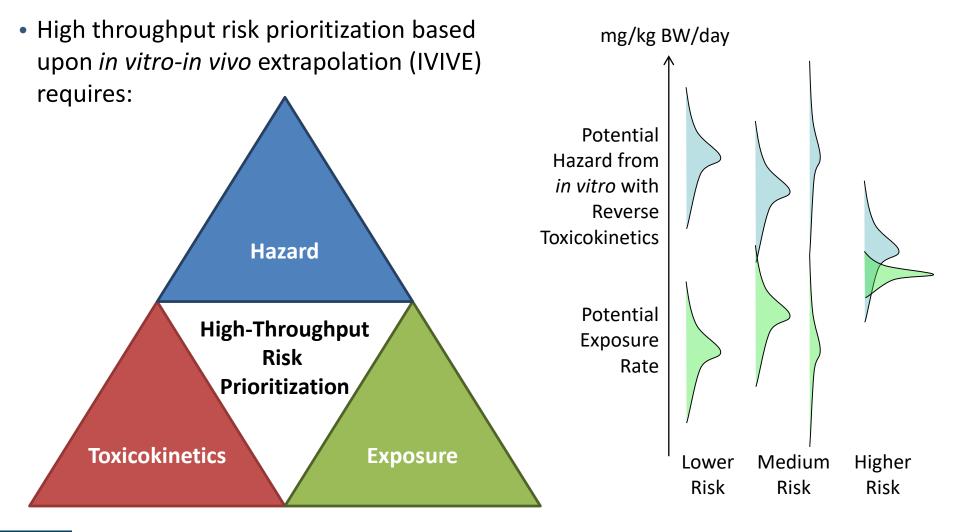


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Introduction



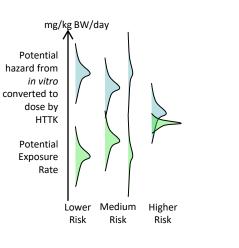


^{2 of 14} Office of Research and Development **Most chemicals do not have TK data** – Wetmore et al. (2012...) use *in vitro* methods adapted from pharma to fill gaps

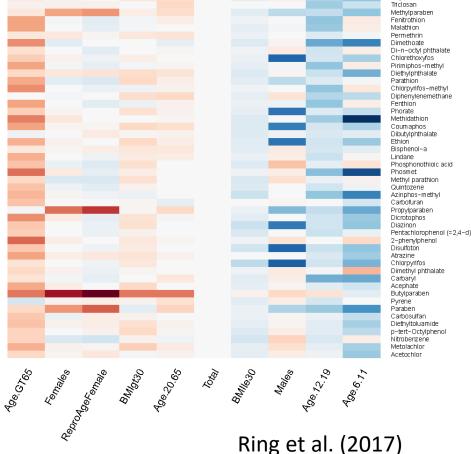


Toxicokinetic IVIVE: Convert HTS µM to mg/kg/day

- Can use HTTK to calculate margin between bioactivity and exposure for specific populations
- Using National Health and Nutrition Examination Survey (NHANES) to simulate TK variability and characterize exposure for modern populations



Change in Risk



2.4-d

Naphthalene

Change in Activity : Exposure Ratio



In vivo Predictive Ability and Domain of Applicability

- In drug development, HTTK methods estimate therapeutic doses for clinical studies – predicted concentrations are typically on the order of values measured in clinical trials (Wang, 2010)
- For environmental compounds, there will be no clinical trials
- Uncertainty must be well characterized ideally with rigorous statistical methodology
 - We will use direct comparison to *in vivo* data in order to get an empirical estimate of our uncertainty
 - Any approximations, omissions, or mistakes should work to increase the estimated uncertainty when evaluated systematically across chemicals



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Statistical Analysis of High Throughput Toxicokinetics

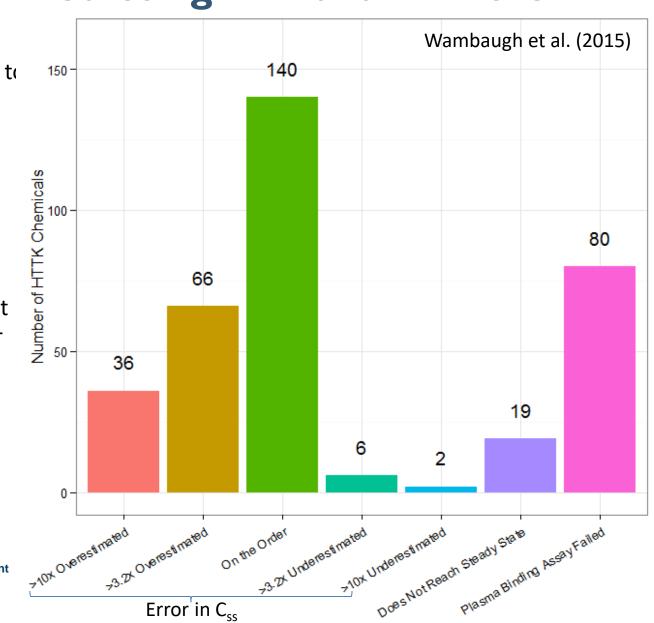
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httk: High-Throughput Toxicokinetics	
based ("PBTK") and empirical (e.g., one compartment) "TK" models can be param using compiled (C-based) code. A Monte Carlo sampler is included for simulating	cinetics ("TK") using data obtained from relatively high throughput, in vitro studies. Both physiologically- eterized for several hundred chemicals and multiple species. These models are solved efficiently, often biological variability and measurement limitations. Functions are also provided for exporting "PBTK" functions and data provide a set of tools for in vitro-in vivo extrapolation ("IVIVE") of high throughput known as "RTK").
Version: 1.6	
Depends: $R (\geq 2.10)$	
Imports: <u>deSolve, msm, data.table, survey, mvtnorm, truncnorm</u> , stats, u	
	Stats, MASS, RColorBrewer, TeachingDemos, classInt, ks, reshape2, gdata, viridis, CensRegMod,
gmodels, colorspace Published: 2017-06-08	
Author: John Wambaugh, Robert Pearce, Caroline Ring, Jimena Davis,	Nisha Sipes, and R. Woodrow Setzer
Maintainer: John Wambaugh <wambaugh.john at="" epa.gov=""></wambaugh.john>	
License: <u>GPL-3</u>	https://CRAN.R-project.org/package=httk
NeedsCompilation: yes	
Materials: <u>NEWS</u>	Can access this from the R GUI:
CRAN checks: <u>httk results</u>	"Packages" then "Install Packages"
Downloads:	
Reference manual: <u>httk.pdf</u>	"httk" R Package for in vitro-in vivo extrapolation
Vignettes: Creating Partition Coefficient Evaluation Plots	 "httk" R Package for in vitro-in vivo extrapolation
Age distributions Global sensitivity analysis	PBTK
Global sensitivity analysis plotting	553 chemicals to date
<u>Height and weight spline fits and residuals</u> <u>Hematocrit spline fits and residuals</u>	
Plotting Css95	100's of additional chemicals being studied
Serum creatinine spline fits and residuals	 Pearce et al. (2017) provides documentation and
<u>Generating subpopulations</u> Evaluating HTTK models for subpopulations	
Generating Figure 2	examples
<u>Generating Figure 3</u> <u>Plotting Howgate/Johnson data</u>	 Built-in vignettes provide further examples of how
AER plotting	
Virtual study populations	use many functions

httk: R Package for High-Throughput Toxicokinetic



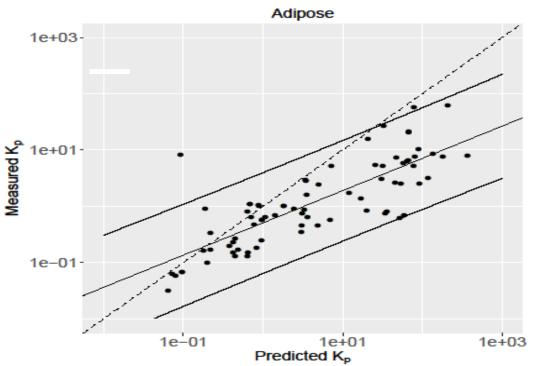
Toxicokinetic Triage: Predicting TK IVIVE Errors

- Through comparison to in vivo data, a crossvalidated (random forest) predictor of success or failure of HTTK has been constructed
- Add categories for chemicals that do not reach steady-state or for which plasma binding assay fails
- All chemicals can be placed into one of seven confidence categories



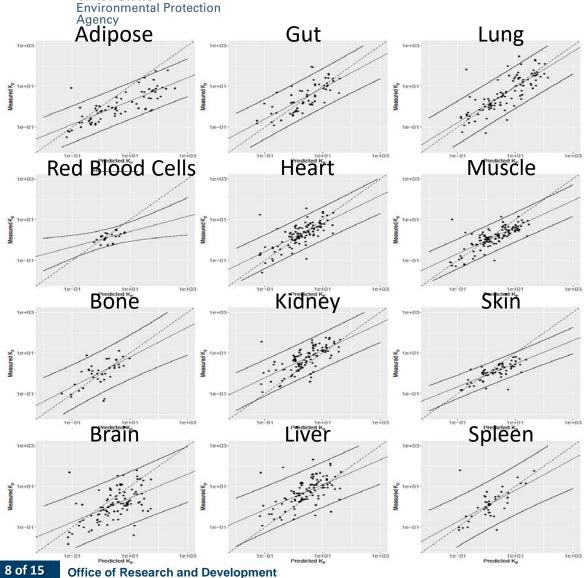


Analyzing Legacy In Vivo Data



- Analyzed literature measurements of chemical-specific partition coefficients (PC) in rat
 - 945 tissue-specific PC
 - 137 unique chemicals
- Calibrating *in silico* predictors (Schmitt, 2008) to actual performance
 - Tissue-specific estimates of predictor bias and uncertainty
- Partition coefficient calibrations were evaluated with human measured volumes of distribution for 498 chemicals from Obach (2008)
 - Calibration to *in vivo* rat data improved predicted volume of distribution by a factor 3 for 116 chemicals

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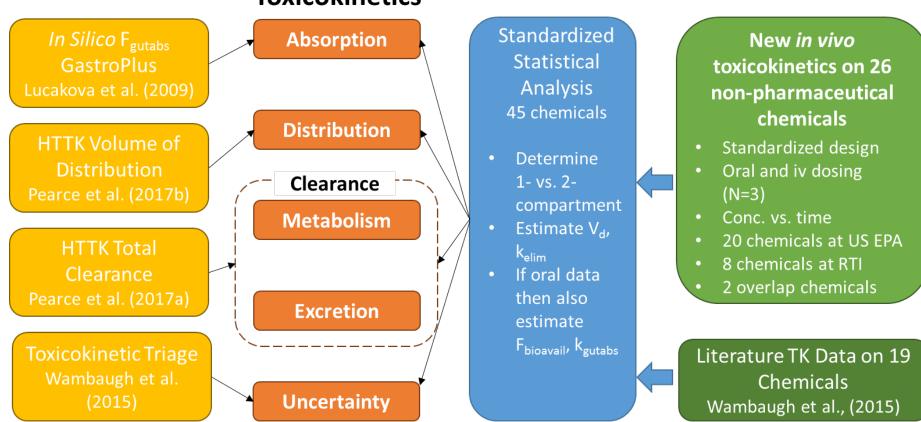
 Calibration to *in vivo* rat data improved predicted volume of distribution by a factor 3 for 116 chemicals

Pearce et al., (submitted)



Evaluating HTTK Predictions

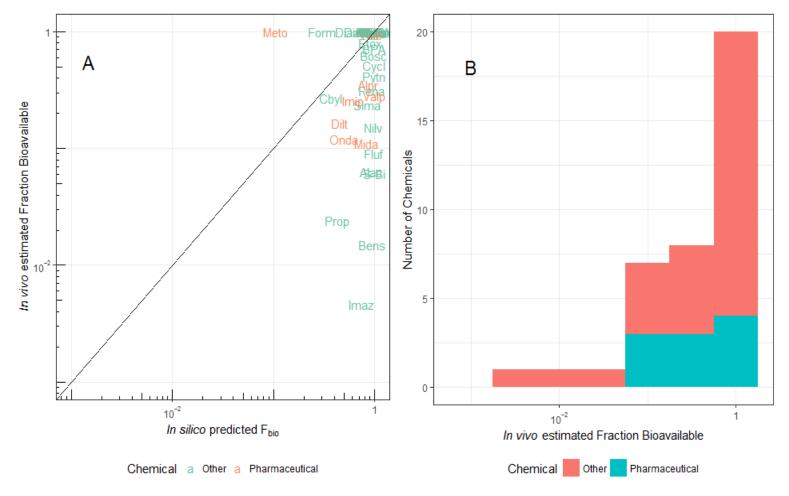
26 chemicals more commonly associated with nontherapeutic and/or unintentional exposure



Toxicokinetics



Analyzing New In Vivo Data: Oral Absorption

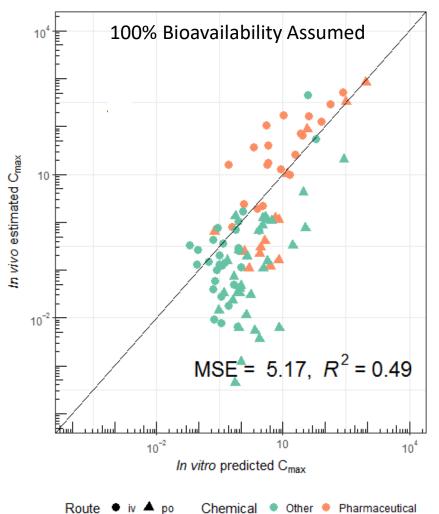


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Bioavailability predictions from GastroPlus using only in silico values as input parameters (Nisha Sipes)



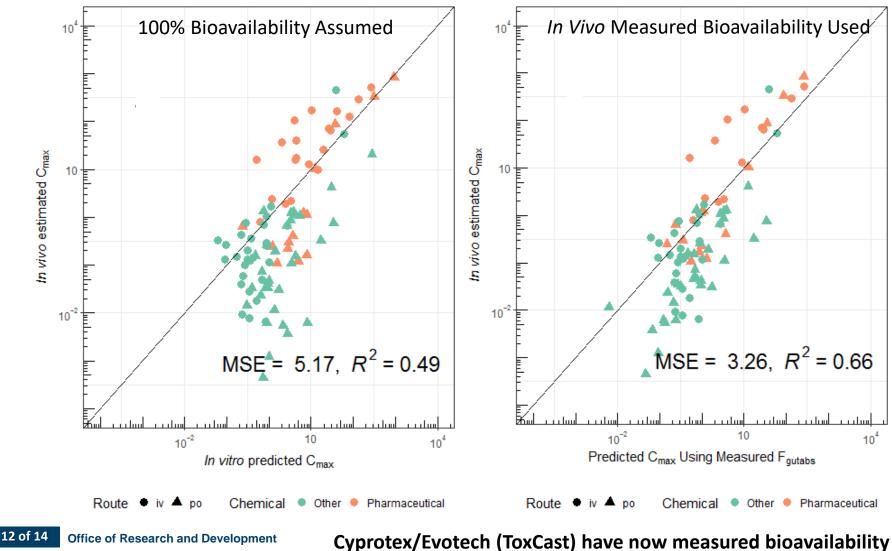
Analyzing New In Vivo Data



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Analyzing New In Vivo Data

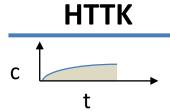


(CACO2) for many HTTK chemicals

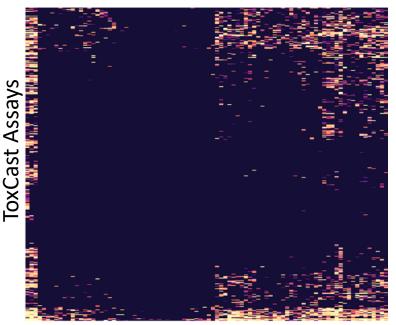


Can IVIVE + HTS Predict In Vivo?

ToxRefDB *in vivo* LEL dose (mg/kg/day)



HTTK p-Values



ToxRef In-Vivo Endpoints

HTTK transformed concentration (μM)

vs. ToxCast AC50 (μM)

Plasma concentration determined by **HT-PBTK** shows **greater correlation** with **ToxCast AC50** than dose alone or y-randomization result

<u>НТТК</u>

Y-Randomized

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Analysis led by Greg Honda



Exposure-Based Screening and Priority Setting

- R package "httk" freely available on CRAN allows statistical analyses of HTTK*
 - 1. We have **R**eused existing toxicokinetic (TK) data by compiling a library of TK time course data
 - Need non-pharma data: TK database being developed by Chris Grulke, Risa Sayre, Cecilia Tan
 - 2. Guided by IVIVE needs, we have Refined the design of *in vivo* TK studies,
 - 3. We use a Reduced (n=6) study design including 3 intravenous and 3 orally dosed animals and tail blood sampling
 - 4. In some cases, we may be able to Replace *in vivo* animal studies with HTS and HTTK
- HTTK methods appear to work for quantities like area under the curve (AUC), max plasma concentration (C_{max}) and steady-state serum concentration (C_{ss})
- Bioavailability is a confounder non-pharmaceuticals not well predicted by current tools
- We can predict the doses at which some *in vivo* effects occur using *in vitro* data

*Note that the open-source, free statistical language R is technically a fifth R here



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